Image# 12951775969 PAGE 1 / 36

### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

FO FO	r Other Than An Autl	norized Committe	ee		Office Use Only
NAME OF TY COMMITTEE (in full)	/PE OR PRINT ▼	Example: If typir over the lines.	ng, type	12FE4M5	
American Academy of F	amily Physicians Po	olitical Action C	ommittee		
ADDRESS (number and street)	2021 Massachusetts Avenue	e, NW			
Check if different					
than previously reported. (ACC)	Washington			DC	20036
2. FEC IDENTIFICATION NUM	IBER ▼ CIT	Y <b>A</b>	S	STATE A	ZIP CODE ▲
C C00411553			N) OR	X AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:			lun 20 (M6)	=	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(C) 12-Day	Primary (12P	)	General (	(12G) Runoff (12R)
October 15 Quarterly Report (Q3)	Report for the:	Convention (	12C)	Special (	12S)
January 31 Year-End Report (YE)	Florida	n on	D D /	Y    Y    Y    Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	Report for the:  Electio	n on	D D /	Y	in the State of
5. Covering Period 02	01 2012	through	M M M 02	/ D D /	2012
I certify that I have examined this	Report and to the best of	my knowledge and b	pelief it is true	e, correct and	d complete.
Type or Print Name of Treasurer	Randell K. Wexler, MD				
Signature of Treasurer Randell	K. Wexler, MD	[Electronically	Filed] Da	ate 05	/ 15 / Y Y Y Y Y Y Y 2012
NOTE: Submission of false, erroneou	us, or incomplete information	may subject the pers	son signing thi	s Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 02 01 2012 To: 02 29 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		337366.19
	(b) Cash on Hand at Beginning of Reporting Period	345203.06	
	(c) Total Receipts (from Line 19)	31786.10	55030.48
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	376989.16	392396.67
	Total Disbursements (from Line 31)	22152.22	37559.73
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	354836.94	354836.94
	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

tributions (other than loans) From: Individuals/Persons Other		Calendar Year-to-Date
Individuals/Porsons Other		
individuals/Fersons Other		
Than Political Committees		44770.00
(i) Itemized (use Schedule A)	28281.01	44779.35
(ii) Unitemized	3451.66	9276.89
Lines 11(a)(i) and (ii)	31732.67	54056.24
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
	0.00	0.00
•		
	04700.07	54056.24
	31/32.6/	54056.24
ty Committees	0.00	0.00
cons Descived	0.00	0.00
Loans neceived	7 7	0.00
n Repayments Received	0.00	0.00
· ·		
· · · · · · · · · · · · · · · · · · ·	53.43	974.24
	7	, , ,
	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	
(from Schedule H3)	0.00	0.00
Lovin Funds (from Schodulo HE)	0.00	0.00
Levili Fulius (IIOIII Schedule FIS)	7	5.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	(ii) Unitemized	(ii) Unitemized

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

		Total This Period	Calendar Year-to-Date
	perating Expenditures: Allocated Federal/Non-Federal	1000.1000	- Calonida Tour to Bute
( )	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b)	Other Federal Operating		
(0)	Expenditures	602.22	979.73
(c)	Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	602.22	979.73
. Tra	ansfers to Affiliated/Other Party		
	ommitteesontributions to	0.00	0.00
and	deral Candidates/Committees d Other Political Committees	21000.00	36000.00
	dependent Expenditures se Schedule E)	0.00	0.00
. Co	ordinated Party Expenditures		
(2 (us	U.S.C. §441a(d)) se Schedule F)	0.00	0.00
. Lo	an Repayments Made	0.00	0.00
Loa	ans Madefunds of Contributions To:	0.00	0.00
	Individuals/Persons Other Than Political Committees	550.00	580.00
/h\	Political Porty Committees	0.00	0.00
(b) (c)		0.00	0.00
, ,	(such as PACs)	0.00	0.00
(d)	Total Contribution Refunds		
	(add Lines 28(a), (b), and (c)) ▶	550.00	580.00
. Oth	her Disbursements	0.00	0.00
. Fe	deral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
(b)		0.00	0.00
(c)	With Federal Funds  Total Federal Election Activity (add	0.00	0.00
\-/	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Tot	tal Disbursements (add Lines 21(c), 22,		
23,	, 24, 25, 26, 27, 28(d), 29 and 30(c))	22152.22	37559.73
	tal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii) m Line 31)	22152.22	37559.73

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	31732.67	54056.24
4. Total Contribution Refunds (from Line 28(d))	550.00	580.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31182.67	53476.24
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	602.22	979.73
. Offsets to Operating Expenditures (from Line 15, page 3)	53.43	974.24
Net Operating Expenditures     (subtract Line 37 from Line 36)	548.79	5.49

**1mage# 12951775974** PAGE 6 / 36

: 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F3XA

Transaction ID:

Amended to reflect incorrectly entered donation to FamMedPAC

Form/Schedule: Transaction ID:

Use separate schedule(s) for each category of the Detailed Summary Page

ı		R LINE	PAGE	=	7	OF	36			
ı	(che	ck only								
	X 11a 11b					11c		12	2	
ı		13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)  Susan M Anderson MD		Date of Receipt
Mailing Address 223 N 7Th Ave		02 23 2012
City	State Zip Code	Transaction ID : C1604055
Canistota	SD 57012-2041	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial) Jerome W Bentz MD		Date of Receipt
Mailing Address PO Box 873		02 14 2012
City	State Zip Code	Transaction ID : C1599154
Platte	SD 57369-0873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Platte Health Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  Kevin M Bernstein MD		Date of Receipt
Mailing Address 8021 Sapphire Blvd		02 21 2012
City	State Zip Code	Transaction ID : C1603899
Pensacola	FL 32506-8391	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	+
Naval Hospital Pensacola	Resident	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	_
SUBTOTAL of Receipts This Page (option	nal)	1230.00

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	PAGE	8	OF	36			
(che	eck only	or or	ne)					
×	11a	11c	12					
	13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial)  A. Wendy S Biggs MD		Date of Receipt
Mailing Address 11400 Tomahawk Creek P	kwy	02 14 2012
City	State Zip Code	Transaction ID : C1600351
Leawood	KS 66211-2680	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
AAFP	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Wesley Gene Bradford MD		Date of Receipt
Mailing Address 5122 Oconto Ave	7.0.1	02 19 2012
City	State Zip Code CA 90275-3733	Transaction ID : C1602807
Rancho Palos Verdes	CA 90275-3733	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Tonya Elrod Bradley MD		Date of Receipt
Mailing Address 1505 Malone Ct		02 09 2012
City	State Zip Code	Transaction ID : C1599083
Auburn	AL 36830-2146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Auburn Pediatric and Adult Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1115.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOF	PAGE	9	OF	36				
(che	ck only							
X 11a 11b					11c	12	2	
	13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  Lisa B Brown MD		Date of Receipt
Mailing Address 1041 Montgomery St PO Box 808		02 23 2012
City	State Zip Code	Transaction ID : C1604061
Custer	SD 57730-1304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. Jennifer L Brull MD	,	Date of Receipt
Mailing Address PO Box 147		M = M / D = D / Y = Y = Y
3000 US HWY 183	State 7:n Code	02 11 2012
City Plainville	State Zip Code KS 67663-0147	Transaction ID : C1599271
	0/003-014/	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Noel Denis Chicoine MD		Date of Receipt
Mailing Address 1005 E Erskine St		02 23 2012
City	State Zip Code	Transaction ID : C1604049
Pierre	SD 57501-3512	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional	il)	1230.00
TOTAL This Period (last page this line nun	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

1	_	LINE	_		:	PAGE	. ′	10	OF	36
	(che									
	×	11c		12						
		13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial)  Martin J Christensen MD		Date of Receipt
Mailing Address 818 W Havens Ave		02 23 2012
City	State Zip Code	Transaction ID : C1604056
Mitchell	SD 57301-3830	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Mitchell Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. Deborah S Clements MD		Date of Receipt
Mailing Address 10529 Walmer St		02 16 2012
City	State Zip Code  KS 66212-1886	Transaction ID : C1601590
Overland Park	KS 66212-1886	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University of Kansas Medical Center	Program Director	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. Richard L Corson MD		Date of Receipt
Mailing Address 5 Arlene Ct		02 25 2012 _
City Hillsborough	State Zip Code NJ 08844-3004	Transaction ID : C1604329  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	•	11	OF		36
(check only one)										
	11a		11b		11c		12			
	13		14		15		16	;		17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ily Physicians Political Action Comm	
Full Name (Last, First, Middle Initial)  Steven A Crawford MD	ny i nysicians rondeal Action Comm	Date of Receipt
Mailing Address 900 Ne 10Th St		Date of Hecelpt    M = M   / D = D   / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C1606128
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	333.34
Name of Employer	Occupation	7
University of Oklahoma	Physician Faculty	_
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	666.68	
Full Name (Last, First, Middle Initial)  Thomas M Dean MD		Date of Receipt
Mailing Address PO Box 335		M = M / D = D / Y = Y = Y
409 W. 10th Street	State Zip Code	02 23 2012
Wessington Springs	SD 57382-0335	Transaction ID : C1604059  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Horizon Health Care	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Colette Ann Ducheneaux MD		Date of Receipt
Mailing Address 2705 Us Highway 12		02 23 2012
City	State Zip Code	Transaction ID : C1604047
Mobridge	SD 57601-5009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Mobridge Regional Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (option	nal)	1198.34
. 3 (4)	·	
TOTAL This Period (last page this line nu	mber only)	1

Use separate schedule(s) for each category of the Detailed Summary Page

						 12	OF	36
l '	ck only	or	ıe)					
X	11a		11b		11c	12		
	13		14		15	16		17

**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Heidi Miller Duncan MD Date of Receipt Mailing Address 2711 Gregory Dr N 2012 16 City Zip Code State Transaction ID: C1601594 MT Billings 59102-0507 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Deaconess Billings Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Tricia C Elliott MD Date of Receipt Mailing Address 2214 Hazard St 02 2012 16 City State Zip Code Transaction ID: C1601592 TX Houston 77019-6514 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Kelsey-Seybold Clinic Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Thomas Edwin Evans MD Date of Receipt Mailing Address 305 Silver Pine PI 2012 02 07 City Zip Code State Transaction ID: C1597386 SC Seneca 29672-8008 Amount of Each Receipt this Period FEC ID number of contributing 365.00 С federal political committee. Name of Employer Occupation Physician AnMed Health Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) 1230.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	_ ′	13	OF		36
(check only one)										
×	11a		11b		11c		12			
	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	y Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Wanda D Filer MD Mailing Address 510 Aqua Ct  City York	State Zip Code PA 17403-3623	Date of Receipt    M = M
FEC ID number of contributing federal political committee.  Name of Employer  Strategic Health Institute  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  700.00	350.00
Full Name (Last, First, Middle Initial)  Michael O Fleming MD  Mailing Address 556 Dunmoreland Dr  City	State Zip Code	Date of Receipt    M
Shreveport  FEC ID number of contributing federal political committee.  Name of Employer Amedisys, Inc  Receipt For:	C Occupation Chief Medical Officer	Amount of Each Receipt this Period  250.00
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz MD  Mailing Address 1600 Providence Dr  City Waco  FEC ID number of contributing federal political committee.	State Zip Code TX 76707-2261	Date of Receipt    M
Name of Employer  Family Practice Center  Receipt For:  Primary General  Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	
SUBTOTAL of Receipts This Page (optional	11)	1100.00
TOTAL This Period (last page this line num	pher only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	. 1	14	OF	36
(che	ck only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than	using the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Fa	amily Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Michael Edward Grady MD  Meiling Address 999 Till year Per		Date of Receipt
Mailing Address 220 Tillicum Dr		02 28 2012
City Silverton	State Zip Code OR 97381-1886	Transaction ID : C1605972  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Michael Grady Receipt For:	family physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  Ravi P Grivois-Shah MD		Date of Receipt
Mailing Address 522 N Euclid Ave		M M / D D / Y Y Y Y
City	State Zip Code	02 10 2012 Transaction ID : C1599188
Oak Park	IL 60302-1618	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Cook County Health & Hospitals Syste	Physician Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Bob Arvid Grubbs MD		Date of Receipt
Mailing Address 9817 Farmington Ro	d	02 01 2012
City Tuscaloosa	State Zip Code AL 35405-9427	Transaction ID : C1593945  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
University Family Practice P.C.	Physician	
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (or	otional)	1115.00
TOTAL This Period (last page this line	e number only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 1	15	OF	36
	(check only one)								
	X 11	а	11b		11c		12		
	13	3	14		15		16		17

	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	/ Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Clare Arnot Hawkins MD		Date of Receipt
Mailing Address 4301 Garth Rd Ste 400		02 11 2012
City	State Zip Code	Transaction ID : C1599281
Baytown	TX 77521-3159	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
San Jacinto Methodist Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	]
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Daniel J Heinemann MD		Date of Receipt
Mailing Address PO BOX 5039		02 18 2012
City	State Zip Code	Transaction ID : C1606129
Sioux Falls	SD 57117-5039	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	300.00
Name of Employer	Occupation	
Sioux Valley Health Systems	Physician	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	700.00	
Other (specify) ▼	700.00	
Full Name (Last, First, Middle Initial)  C. Daniel J Heinemann MD		Date of Receipt
Mailing Address PO BOX 5039		02 23 _ 2012 _
City	State Zip Code	Transaction ID : C1604064
Sioux Falls	SD 57117-5039	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Sioux Valley Health Systems	Physician	]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	700.00	
SUBTOTAL of Receipts This Page (optional	)	765.00
	<u> </u>	
TOTAL This Period (last page this line number	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	1	16	OF		36
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	;		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee  Physicians Political Action Commi	
Full Name (Last, First, Middle Initial)  Jack Wayne Higgins MD  Mailing Address 1555 Hillside Dr  City Spearfish  FEC ID number of contributing federal political committee.  Name of Employer  Retired  Receipt For: Primary General Other (specify)	State Zip Code SD 57783-9639  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  02 14 2012  Transaction ID : C1600406  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Thomas Price Houston MD  Mailing Address 4867 Calloway Ct  LSU School of Public Healt  City  Dublin  FEC ID number of contributing federal political committee.  Name of Employer  LSU School of Public Health  Receipt For:  Primary General  Other (specify)   Other (specify)	h State Zip Code OH 43017-8605  C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt    Mark
Full Name (Last, First, Middle Initial)  Doyle Eugene Johnson MD  Mailing Address 11648 Caminito Corriente  City San Diego  FEC ID number of contributing federal political committee.  Name of Employer  Branch Medical Clinic Naval Base  Receipt For:  Primary General Other (specify)   Other (specify)	State Zip Code CA 92128-4540  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  02 20 2012  Transaction ID : C1603889  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	865.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 17 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

36

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John Boyd Jones MD Date of Receipt Mailing Address 510 W Cedar Rd 2012 24 City Zip Code State Transaction ID: C1604241 SD 57325-9764 Chamberlain Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Sanford Health Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Vincent D Keenan CAE Date of Receipt Mailing Address Exec Vice President - IL AFP 4756 Main St 02 13 2012 City State Zip Code Transaction ID: C1599448 IL Lisle 60532-1724 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation Illinois Academy of Family Physicians Association Exec. Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Earl D Kemp MD Date of Receipt Mailing Address PO Box 887 2012 02 13 City Zip Code State Transaction ID: C1600205 SD Brandon 57005-0887 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Center for Family Medicine Physician/Residency Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1015.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR L	PAGE	1	18	OF		36			
(check only one)									
X 1	1a	11b		11c		12			
13	3	14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) James Darrel King MD Date of Receipt Mailing Address 270 E Court Ave Ste B 2012 23 City State Zip Code Transaction ID: C1602335 TN 38375-2304 Selmer Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Physician Primecare Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General В.

Other (specify)	500.00	
Full Name (Last, First, Middle Initial) Don R Klitgaard MD		Date of Receipt
Mailing Address 1305 Onyx Dr		02 17 2012
City	State Zip Code	Transaction ID : C1602382
Harlan	IA 51537-1543	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	166.67
Name of Employer	Occupation	
Myrtue Medical Center	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  333.34	
Full Name (Last, First, Middle Initial) Harry Clifton Knight MD		Date of Receipt
Mailing Address 10310 Middlebrook Ct		02 10 2012
City	State Zip Code	Transaction ID : C1599198
Mc Cordsville	IN 46055-9616	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	

365.00

Chief Medical Officer

Aggregate Year-to-Date ▼

Community Health Network

Other (specify)

General

Receipt For:

Primary

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	 19	OF	36
(che	ck only	or	ne)					
×	11a		11b		11c	12		
	13		14		15	16		17

NAME OF COMMITTEE (In Full)	the name and address of any political committee  Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Laura C Knobel MD  Mailing Address 3 Freedom Way  City Walpole  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code MA 02081-2290  C	Date of Receipt    M
Self Employed Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial)  Bruce M Le Clair MD  Mailing Address 5088 Windmill Lake Dr		Date of Receipt  02 16 2012
City Evans  FEC ID number of contributing federal political committee.	State Zip Code GA 30809-6612	Transaction ID : C1601595  Amount of Each Receipt this Period  500.00
Name of Employer  Medicl College of Georgia  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) James Joseph Ledwith MD Mailing Address 14 Flynn Rd  City	State Zip Code	Date of Receipt    M = M
Franklin  FEC ID number of contributing federal political committee.  Name of Employer  University of Massachusetts Medical Sc  Receipt For:  Primary General  Other (specify)	MA 02038-2861  C  Occupation Residency Director / Family Physician  Aggregate Year-to-Date ▼  500.00	Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1150.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	2	20	OF		36	
	(check only one)										
	X	11a [		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	Physicians Political Action Committ	
Full Name (Last, First, Middle Initial)  Kenric Dana Malmberg MD		Date of Receipt
Mailing Address 1309 10Th Ave W		02 23 2012
City	State Zip Code	Transaction ID : C1604060
Mobridge	SD 57601-1146	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	366.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	366.00	
Full Name (Last, First, Middle Initial)  Michael R McLeod MD  Mailing Address 1109 E Broadway St		Date of Receipt
amily / daroos   109 E broadway St		02 07 2012
City	State Zip Code	Transaction ID : C1595800
Cuero	TX 77954-2108	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	
Parkside Family Clinic	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  C. Terry Lee Mills MD		Date of Receipt
Mailing Address 720 Medical Center Dr		02 10 2012
City	State Zip Code	Transaction ID : C1599196
Newton	KS 67114-8778	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Via Christi Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional).	•	1466.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

_	NUMBER	: PAGE	21 OF	36		
(check only one)						
<b>X</b> 11a	11b	11c	12			
13	14	15	16	17		

or for commercial purposes, other than usi	ng the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Fam	ily Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Anne M Montgomery MD		Date of Receipt
Mailing Address 1708 S Martin St		02 20 2012
City	State Zip Code	Transaction ID : C1602856
Spokane	WA 99203-3751	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Sarah Catherine Nosal MD		Date of Receipt
Mailing Address 40 E 9th St		M = M / D = D / Y = Y = Y
Apt 4J	7: 0	02 11 2012
City	State Zip Code	Transaction ID : C1599270
New York	NY 10003-6423	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Institute for Family Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  . Yvette Oquendo Md Oquendo	o MD	Date of Receipt
Mailing Address 7442 Weather Worn Wa	ay	02 01 2012
City	State Zip Code	Transaction ID : C1592859
Columbia	MD 21046-1480	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Chase Brexton Health Services	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (option	nal)	1115.00
TOTAL This Period (last page this line nu	ımber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	2	22	OF		36	
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Committ	ree
Full Name (Last, First, Middle Initial) Angelo N Patsalis MD  Mailing Address 36237 6 Mile Rd		Date of Receipt
		02 23 2012
City Livonia	State Zip Code MI 48152-2747	Transaction ID : C1604214
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer	Occupation	
Henry Ford Health System	Senior Staff Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  . Marc D Price Price		Date of Receipt
Mailing Address 2388 Route 9 Ste 200		02 10 2012
City Mechanicville	State Zip Code NY 12118-3433	Transaction ID : C1599189  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)		D. (D. )
Daniel H Reiffenberger MD  Mailing Address 4100 Golf Course Rd		Date of Receipt  O2 23 2012
City Watertown	State Zip Code SD 57201-5416	Transaction ID : C1604220  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Brown Clinic Receipt For:	Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
SUBTOTAL of Receipts This Page (optional)		1230.00
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line numbe	<u>^</u>	1230.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	2	23	OF	36	
	(check only one)								
	<b>X</b> 11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Robert E Reneker MD Date of Receipt Mailing Address 2652 Gullmont Dr SW 2012 16 City State Zip Code Transaction ID: C1601597 Wyoming MI 49418-9302 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation Physician St Mary's/Advantage Health Medical Gro Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) B. Flora F Sadri-Azarbayejani DO Date of Receipt Mailing Address 427 S Mountain Rd 02 2012 17 City State Zip Code Transaction ID: C1602383 Northfield MA 01360-9684 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Gardner Family Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 100.00 Other (specify) Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO Date of Receipt Mailing Address 427 S Mountain Bd 2012

Walling Address 427 S Mountain Rd		02 17 2012
City	State Zip Code	Transaction ID : C1602384
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50
Name of Employer	Occupation	
Gardner Family Medicine	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	100.00	

SUBTOTAL of Receipts This Page (optional)		7	I		7	I	91	5.00	
TOTAL This Period (last page this line number only)	Ξ	7	Ξ	Ξ	7	Ι		-	

50.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	NUMBER:	PAGE	E 24 OF	36
(check only	one)			
<b>X</b> 11a	11b	11c	12	
13	14	15	16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family	Physicians Political Action Committee	tee
Full Name (Last, First, Middle Initial)  Flora F Sadri-Azarbayejani DO		Date of Receipt
Mailing Address 427 S Mountain Rd		02 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Northfield	State Zip Code MA 01360-9684	Transaction ID : C1617058  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer  Gardner Family Medicine  Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	100.00	
Full Name (Last, First, Middle Initial)  Brooke Maura Sciuto MD		Date of Receipt
Mailing Address 5630 Los Pueblos Way		02 11 2012
City Sacramento	State Zip Code CA 95835-2427	Transaction ID : C1599280  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer USAF	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Katy M Sheridan MD		Date of Receipt
Mailing Address PO Box 4136 245 Binkley St., Ste 203		02 23 2012
City Soldotna	State Zip Code AK 99669-4136	Transaction ID : C1604044  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self-Employed	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).		1050.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

_	R LINE	_		:	PAGE	2	25 OF	36
(che	eck only	or	ie)					
×	11a		11b		11c		12	
	13		14		15		16	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

$\rangle$	American Academy of Family Pl	nysicians Political Action Committe	90
Α.	Full Name (Last, First, Middle Initial) Daniel R Spogen MD		Date of Receipt
	Mailing Address Brigham Building MS 316		02 11 2012
	City Reno	State Zip Code NV 89557-0046	Transaction ID : C1599273  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer University of Nevada Receipt For: Primary General	Occupation Physician  Aggregate Year-to-Date ▼	
	Other (specify)	1000.00	
В.	Full Name (Last, First, Middle Initial) Glen R Stream MD		Date of Receipt
	Mailing Address 1708 S Martin St		02 03 2012
	City Spokane	State Zip Code WA 99203-3751	Transaction ID : C1595584  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	5000.00
	Name of Employer Rockwood Clinic	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
c.	Full Name (Last, First, Middle Initial) Michelle A Turner MD		Date of Receipt
	Mailing Address PO Box 287 2903 N Broadway Ave		02 23 2012
	City Miller	State Zip Code SD 57362-0287	Transaction ID : C1604051  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	365.00
	Name of Employer	Occupation	
	Self Employed	Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
S	SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	6365.00

TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOF						2	26	OF	36
(che									
X	11a		11b		11c		12		
	13		14		15		16	;	17

	tatements may not be sold or used by any perso name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
igr > American Academy of Family P	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Randell K Wexler MD		Date of Receipt
Mailing Address 6040 Haybury Dr		02 18 2012
City	State Zip Code	Transaction ID : C1602797
New Albany	OH 43054-8691	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Ohio State University	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. Jason Wickersham MD		Date of Receipt
Mailing Address 401 W Glynn Dr		02 07 2012
City	State Zip Code	Transaction ID : C1597378
Parkston	SD 57366-9605	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Avera St Benedict	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)  C. Julie Kristin Wood MD		Date of Receipt
Mailing Address 5305 NE Rainbow Cir		02 19 2012 _
City	State Zip Code	Transaction ID : C1602810
Lees Summit	MO 64064-2450	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Research Medical Center	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

					PAGE	: 2	27 O	F	36
(che									
×	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for cor	mmercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
Ame		nysicians Political Action Committ	ee
A. Bren	ame (Last, First, Middle Initial)  It Brent Wright MD  G Address 104 Northwood Dr		Date of Receipt
City Glasg	OW	State Zip Code KY 42141-8078	02 01 2012  Transaction ID : C1592858
FEC II	D number of contributing I political committee.	C	Amount of Each Receipt this Period  365.00
Univer	of Employer sity of Louisville	Occupation Physician	
	of For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
B. Paul	ame (Last, First, Middle Initial) I Victor Zimmer MD g Address 2000 Ridge Cir		Date of Receipt  M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Kodial	k	State Zip Code AK 99615-7234	Transaction ID : C1592861  Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C	250.00
Providence Receip	of Employer ence Health System Alaska of For: Primary General Other (specify)	Occupation Physician  Aggregate Year-to-Date ▼  250.00	
	ame (Last, First, Middle Initial)		Date of Receipt
	g Address		M = M / D = D / Y = Y = Y
City	Downley of south in	State Zip Code	Amount of Each Receipt this Period
federa	D number of contributing I political committee.	C	
Name Receip	of Employer	Occupation	
	Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTO	TAL of Receipts This Page (optional)	<u> </u>	615.00
TOTAL	This Period (last page this line number of	only)	28281.01

#### S 17

64	CHEDITE A /EEC Form 2V)			I
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 OF 36 (check only one)
IT	EMIZED RECEIPTS		for each category of the	11a 11b 11c 12
			Detailed Summary Page	13 14 X 15 16 17
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any ponderess of any political committee	erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family P	hysicians	s Political Action Comm	iittee
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ans		Date of Receipt
	Mailing Address 11400 Tomahawk Creek Pkwy	1		02 14 2012
	City	State	Zip Code	Transaction ID : C1600268
	Leawood	KS	66211-2672	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		53.43
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate V	
	Other (specify) ▼		974.24	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			M   M / D   D / Y   Y   Y   Y
	City	State	Zip Code	
	- ,		P	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			
	Other (specify) ▼			
C.	Full Name (Last, First, Middle Initial)			Date of Receipt
	Mailing Address			M = M / D = D / Y = Y = Y
	City	State	Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	$\dashv$
	Primary General	Aggregate	Todi 10-Date ▼	
	Other (specify) ▼	L.,		
	IIRTOTAL of Receipts This Page (optional)		_	53.43

TOTAL This Period (last page this line number only).....

7 7

53.43

### S ľ

S	CHEDULE B (FEC Form 3X)	F												36	
ΙT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	\ I	(chec	k only	_								
			Summary Page		×	21b		2		23		24	25		26
_						27		8a		28b		28c	29		30b
	ly information copied from such Reports and Staten for commercial purposes, other than using the nam														
$\setminus$	NAME OF COMMITTEE (In Full)														
	American Academy of Family Phys	icians F	Political Acti	on (	Com	mitt	ee								
_	Full Name (Last, First, Middle Initial)														
Α.	American Express						Da	te of	Dis	burse			YY	I Y	1
	Mailing Address PO Box 53852						02 01 2012								
	,	State	Zip Code				Т	ans	acti	on ID	. D	125366			
	Phoenix  Dispussed of Dispussement	AZ	85072-3852				•	uno	uou	011 12		120000			
	Purpose of Disbursement Bank card processing fee						Am	oun	of	Each	Dis	bursem	ent this	Per	riod
	Candidate Name			Ca	ategoi Type	ry/		Ξ	Ξ	,		7		3.25	5
	Office Sought: House Disbursen														
		Primary	General												
	State: District:	Other (spe	city) 🔻												
_															
R	Full Name (Last, First, Middle Initial)						Da	ta of	Die	sburse	mai	nt			
٥.	American Express						Da		D 13	D			YY	W V	
	Mailing Address PO Box 53852						M	02			6	/ L	2012	- Y	
		State	Zip Code				т	rans	acti	on ID	: D	125367			
	Phoenix Purpose of Disbursement	AZ	85072-3852												
	Bank card processing fee						Am	oun	of	Each	Dis	bursem	ent this	Per	riod
	Candidate Name			Ca	ategoi Type	ry/		Ξ	Ξ	,		,		11.86	6
	Office Sought: House Disbursen	nent For:													
		Primary	General												
	State: President District:	Other (spec	cify) 🔻												
	Full Name (Last, First, Middle Initial)														
C.	American Express						Da	te of	Dis	burse	mei	nt			
	M.W. All Son Son							M	/	D		/ Y	Y Y	Y	1
	Mailing Address PO Box 53852						-	02	ı.	0	6		2012	-	
	City	State	Zip Code							ID		405000			
		AZ	85072-3852				1	rans	acti	on ID	: บ	125368			
	Purpose of Disbursement Bank card processing fee				-	$\neg$									
							Am	ount	of	Each	Dis	bursem	ent this	Per	riod
	Candidate Name				ategoı Type	ry/							1	1.38	3
	Office Sought: House Disbursen	nent For:			.,,,,				-	7		7			
		Primary	General												
	President	Other (spec	cify) 🔻												
	State: District:														
Ę	UBTOTAL of Disbursements This Page (optional)						Т					-	2	6.49	)
$\vdash$						_		÷	H		=	,	=		=
1	OTAL This Period (last page this line number only)					•				7		7			

#### S ľ

S	CHEDULE B (FEC Form 3X)		1				NE NUMBER: PAGE 30 OF 36						
	•	Use separate sch	edule(s)	-	LINE NUMBER: PAGE 30 OF 36 conly one)								
П	EMIZED DISBURSEMENTS	for each category	of the	X 21b	□ 22 □	23	24	25	<u> </u>	6			
		Detailed Summary	y Page	27	28a	28b	28c	29		o Ob			
_			. 1 . 1										
Ar or	ny information copied from such Reports and Staten for commercial purposes, other than using the name	nents may not be so ne and address of a	or used	a by any perso I committee to	n for the purp solicit contribu	oose ot so utions from	n such	contribi	utions Itee				
٣	NAME OF COMMITTEE (In Full)		, pointodi	. 30			50011						
		violono Dalitica	.l Λ α <b>ι</b> : α	Committe	20								
/	American Academy of Family Phys	sicians Politica	II ACTION	i Committe	<del>ee</del>								
<u></u>	Full Name (Last, First, Middle Initial)									_			
Α.	American Express				Date of Dis	bursemen	t						
	Amonouri Express				M M /	D D		Y   V	Y				
	Mailing Address PO Box 53852				02 13 2012								
	City	State Zip Co	de		Transacti	on ID · D1	25260						
	Phoenix	AZ 85072-	-3852		Hansacu	וט. טו ווט	25509						
	Purpose of Disbursement												
	Bank card processing fee				Amount of	Each Disb	urseme	nt this	Period				
	Candidate Name			Category/				1	1.86	1			
	Office Country			Туре		7	7			ı			
	Office Sought: House Disburser												
		,	eneral										
	President State: District:	Other (specify)											
_													
D	Full Name (Last, First, Middle Initial)				Data of Dia	huroomon							
٥.	American Express				Date of Dis								
	Mailing Address PO Box 53852				02	14		y y y 2012	Y				
	Walling Addition PU BUX 03002				UZ	14		2012	_				
	City	State Zip Co	de		<b>-</b> -	15 -	05050						
	Phoenix	AZ 85072			Transacti	on เม : มา	25370						
	Purpose of Disbursement												
	Bank card processing fee			[]	Amount of	Each Disb	urseme	nt this	Period				
	Candidate Name			Category/					5.75	1			
				Type		,	7		5.75	ı,			
	Office Sought: House Disbursen												
		, L	eneral										
		Other (specify)											
_	State: District:												
_	Full Name (Last, First, Middle Initial)				Data of Di-	bures :							
C.	American Express				Date of Dis	bursemen							
	Mailing Address DOD 50050				M M /	D D		γ ■ γ 2042	Y				
	Mailing Address PO Box 53852				02	15		2012					
	City	State Zip Co	de										
	Phoenix	AZ 85072-			Transacti	on ID : D1	25371						
	Purpose of Disbursement												
	Bank card processing fee				Amount of	Each Disb	urseme	nt this	Period				
	Candidate Name			Category/				-	4.00	ī			
				Type		,	,	3	1.36	J			
	Office Sought: House Disburser	nent For:	'										
	Senate	Primary G	eneral										
	President	Other (specify) ▼											
	State: District:												
									0.07	1			
8	SUBTOTAL of Disbursements This Page (optional)					,	7	7	8.97	I			
Г										1			
IΤ	OTAL This Period (last nage this line number only)									1			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 3					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only one)					
	Detailed Summary Page	X 21b	22 23	24 25 26			
Г		27	28a 28b	28c 29 30b			
Any information copied from such Reports and Stat or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
American Academy of Family Phy	sicians Political Actio	n Committ	ee				
Full Name (Last, First, Middle Initial)			D . (D: 1				
A. American Express			Date of Disbursement				
Mailing Address PO Box 53852			02 21	2012			
City	State Zip Code		Transaction ID : D	125570			
Phoenix Purpose of Disbursement	AZ 85072-3852		Transaction is . s	120070			
Bank card processing fee			Amount of Each Dis	bursement this Period			
Candidate Name		Category/ Type		23.21			
	ement For:						
Senate President	Primary General Other (specify) ▼						
State: District:	Other (specify)						
Full Name (Last, First, Middle Initial)							
B. American Express			Date of Disburseme	nt			
<u> </u>	M - M / D - D / Y - Y - Y						
Mailing Address PO Box 53852			02 21	2012			
City Phoenix	State         Zip Code           AZ         85072-3852		Transaction ID : D	125571			
Purpose of Disbursement Bank card processing fee			Amount of Each Dis	bursement this Period			
Candidate Name		Category/ Type		16.25			
Office Sought: House Disburs	ement For:						
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. American Express			Date of Disburseme				
Mailing Address PO Box 53852			02 23	2012			
City	State Zip Code		Transaction ID : D	125572			
Phoenix Purpose of Disbursement	AZ 85072-3852						
Bank card processing fee			Amount of Each Dia	bursement this Period			
Candidate Name		Category/ Type	Amount of Each Dis	3.25			
Office Sought: House Disburs	ement For:	.,,,,					
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional)	)	······		42.71			
TOTAL This Period (last page this line number on	ly)						

### S ľ

SCHEDULE B (FEC	Form 3X)			FOR LINE NUMBER: PAGE 32			32	OF 36						
ITEMIZED DISBURSE	MENTS		arate schedule(s) category of the	c(s) (check only one)										
			Summary Page		X	21b	22		23		24	25		26
						27	28a		28b	Ш	28c	29		30b
Any information copied from sucl or for commercial purposes, other														i
NAME OF COMMITTEE (In F	ull)													
American Academy	of Family Phys	sicians F	Political Acti	on C	om	mitt	ee							
Full Name (Last, First, Middle	Initial)													
A. American Express				Date of Disbursement										
Mailing Address PO Box 5385	2						02	_	24	4	L.	2012		
City	S	State	Zip Code			Transaction ID : D125573								
Phoenix		AZ	85072-3852					Juoti			200.0			
Purpose of Disbursement Bank card processing fee							Amour	nt of I	Each	Disb	urseme	nt this	Perio	od
Candidate Name					egor ype	y/			,		-		0.98	
Office Sought: House														
Senate Presid		Primary Other (spe	General											
State: District:		Other (spe	City) $\blacktriangledown$											
Full Name (Last, First, Middle	Initial)													
B. American Express							Date o	of Dis						
Mailing Address PO Box 538	52						02		2	_		2012	Y	
City Phoenix	Ş	State AZ	Zip Code 85072-3852				Tran	sacti	on ID	: D1	25574			
Purpose of Disbursement Bank card processing fee				Γ.	-	$\exists$	Amour	nt of I	Each	Disb	urseme	nt this	Perio	od
Candidate Name				Cate	egor	//		-		_		- 4	0.05	
200					ype				,	_	7		6.25	_
Office Sought: House Senate			Conoral											
Presid		Primary Other (spe	General											
State: District:		Other (open	ony) 🔻											
Full Name (Last, First, Middle	Initial)						Data	( D:-						
C. American Express					Date of Disbursement									
Mailing Address PO Box 5385	2						02	/	27	-		2012	Y	
City		State	Zip Code				Tran	sacti	on ID	: D1	25575			
Phoenix Purpose of Disbursement		AZ	85072-3852	-	-	-								
Bank card processing fee				Ι.		ш	Amour	nt of I	Each	Disb	urseme	nt this	Perio	od
Candidate Name					egor	y/				_	-	1:	3.16	٦
Office Sought: House	Disburser	nent For:				$\neg$					7			
Senate		Primary	General											
Presid	ent	Other (spe	cify) 🔻											
State: District:														
SUBTOTAL of Disbursements T	his Page (optional)					<b>•</b>			,	Ξ	7	30	).39	
TOTAL This Period (last page t	his line number only)					<b>•</b>			,		7			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 33 OF 36	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e(s) (check only one)			
	Detailed Summary Page	X 21b	22 23	24 25 26	
Г		27	28a 28b	28c 29 30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phy	sicians Political Actio	n Committ	ee		
Full Name (Last, First, Middle Initial)			5 . (5)		
A. American Express	Date of Disbursement				
Mailing Address PO Box 53852			02 29	2012	
City	State Zip Code		Transaction ID : D'	125576	
Phoenix Purpose of Disbursement	AZ 85072-3852				
Bank card processing fee  Candidate Name			Amount of Each Disk	oursement this Period	
		Category/ Type	7	16.25	
Office Sought: House Disburs Senate	ement For:    Primary   General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. American Express			Date of Disbursemen		
Mailing Address PO Box 53852			02 29	2012	
City Phoenix	State         Zip Code           AZ         85072-3852		Transaction ID : D	125577	
Purpose of Disbursement Bank card collection fee			Amount of Each Dist	oursement this Period	
Candidate Name		Category/ Type		7.95	
Office Sought: House Disburs Senate President State: District:	ement For:  Primary General  Other (specify) ▼				
Full Name (Last, First, Middle Initial)  C. Bank Of America Merchant Service			Date of Disbursemer	ht	
C. Bank Of America Merchant Service	ces		M M / D D	/ Y Y Y Y Y	
Mailing Address WA2-505-01-40 PO Box 2485			02 01	2012	
City Spokane	State Zip Code WA 99210-2485		Transaction ID : D	125365	
Purpose of Disbursement					
Bank card processing fee  Candidate Name		Category/	Amount of Each Disk	oursement this Period 399.46	
Office Sought: House Disburs	ement For:	Туре		9	
Senate President	Primary General  Other (specify) ▼				
State: District:	□ Carior (Specify) ▼				
				402.66	
SUBTOTAL of Disbursements This Page (optional)		·····		423.66	
TOTAL This Period (last page this line number only	y)			602.22	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 36
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30
Any information copied from such Reports and State	mente may not be cold or us		
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phy	sicians Political Actio	on Committ	ree
Full Name (Last, First, Middle Initial)			B (B)
A. National Republican Congression	al Committee		Date of Disbursement
Mailing Address 320 1st St SE			02 06 2012
City	State Zip Code		Transaction ID : D125113
Washington	DC 20003-1838		Transaction ID . D123113
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	15000.00
Office Sought: House Disburse	ement For:	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: District:	-		
Full Name (Last, First, Middle Initial)			B (B) .
B. JESSE JACKSON JR FOR CONC	BRESS		Date of Disbursement
Mailing Address P.O. Box 490286			02 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID : D125111
Chicago	IL 60649		Transaction ID . D123111
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		0-1	Amount of Each Disbursement this Fellou
Rep. Jesse L. Jackson Jr.		Category/ Type	1500.00
•	ement For: 2012		
	Primary General		
President	Other (specify) ▼		
State: IL District: 02			
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. FRIENDS OF LOIS CAPPS			
Mailing Address PO Box 23940			02 06 2012
City	Ctata Zin Coda		
City Santa Barbara	State Zip Code CA 93121		Transaction ID: D125112
Purpose of Disbursement	33.21		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Lois Capps	amont For: 2242	Туре	2500.00
Office Sought: House Disburse Senate	ement For: 2012 Primary General		
President	Other (specify)		
State: CA District: 23	<del> </del>		
SUBTOTAL of Disbursements This Page (optional).			19000.00
TOTAL This Period (last page this line number only	/)	·····	

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 35	OF 36			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e(s) (check only one)					
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29				
Any information conicd from such Departs and Chair							
Any information copied from such Reports and State or for commercial purposes, other than using the nar							
NAME OF COMMITTEE (In Full)							
American Academy of Family Phys	sicians Political Actic	n Committ	ee				
Full Name (Lash Firsh Middle Initial)		-					
Full Name (Last, First, Middle Initial)  A. FRIENDS OF ROSA DELAURO			Date of Disbursement				
" FRIENDS OF ROSA DELAURO	M M / D D / Y Y Y Y						
Mailing Address 12 TRUMBULL STREET			02 06 2012				
0"	O						
City NEW HAVEN	State Zip Code CT 06511		Transaction ID : D125109				
Purpose of Disbursement	00311						
Campaign contribution			Amount of Each Disbursement thi	is Period			
Candidate Name		Category/	47	00.00			
Rep. Rosa DeLauro		Type	7	500.00			
Office Sought: House Disburse	ment For: 2012 Primary General						
President	Other (specify)						
State: CT District: 03	(-						
Full Name (Last, First, Middle Initial)							
B. MENENDEZ FOR SENATE			Date of Disbursement				
M W A I I		M M / D D / Y Y					
Mailing Address ONE GATEWAY CENTER SUITE	520		02 06 2012	2			
City	State Zip Code		Transaction ID : D125110				
NEWARK	NJ 07102		Transaction ib . D123110				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement thi	is Period			
Candidate Name	Catamanu/	Amount of Each Disbursement this Ferior					
Sen. Robert Menendez		Category/ Type	10	00.00			
	ment For: 2012						
	Primary General						
President State: NJ District: 00	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of Disbursement				
			M M / D D / Y Y	YY			
Mailing Address							
City	Ctata Zin Cada						
City	State Zip Code						
Purpose of Disbursement							
	Amount of Each Disbursement thi	is Period					
Candidate Name Category/							
Office Sought: House Disburse	ment For:	Type					
Senate	Primary General						
President	Other (specify)						
State: District:	· · · · · · · · · · · · · · · · · · ·						
SUBTOTAL of Disbursements This Page (optional)			20	00.00			
			240	00.00			
TOTAL This Period (last page this line number only	)		210	00.00			

SCHEDULE B (FEC Form 3X)	EDULE B (FEC Form 3X)		INE NUMBER: PAGE 36 OF 36					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	NOMBER:					
II LIVIIZED DISBUNSENIEN IS		21b	22 23 24 25 26					
	Detailed Summary Page	27	X 28a 28b 28c 29 30b					
Any information copied from such Reports and Stater	nents may not be sold or use	ed by any nerse						
or for commercial purposes, other than using the nan								
NAME OF COMMITTEE (In Full)								
American Academy of Family Phys	sicians Political Actio	n Committ	ree					
Full Name (Last, First, Middle Initial)								
A. Dr. Flora F Sadri-Azarbayejani DO	Date of Disbursement							
Moiling Address 407 C Mauratain Dd		02 18 2012						
Mailing Address 427 S Mountain Rd			02 18 2012					
City	State Zip Code							
Northfield	MA 01360-9684		Transaction ID: D126575					
Purpose of Disbursement								
Refund of PAC donation			Amount of Each Disbursement this Period					
Candidate Name		Category/	500.00					
Office Coughts	and Fam.	Туре	333.00					
Office Sought: House Disburser Senate								
President	Primary General  Other (specify)							
State: District:	Other (specify)							
Full Name (Last, First, Middle Initial)								
B. Dr. Flora F Sadri-Azarbayejani DO			Date of Disbursement					
Dr. 1 lora 1 Gadii Azarbayojani Do	M = M / D = D / Y = Y = Y							
Mailing Address 427 S Mountain Rd			02 28 2012					
	State Zip Code		Transaction ID : D126576					
Northfield Purpose of Disbursement	MA 01360-9684							
Refund of PAC donation			Amount of Each Disbursement this Period					
Candidate Name		Catananii	, o					
		Category/ Type	50.00					
Office Sought: House Disburser	nent For:	71						
Senate	Primary General							
President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
C.			Date of Disbursement					
Mailing Address	M M / D D / Y Y Y Y							
Mailing Address								
City	State Zip Code							
	•							
Purpose of Disbursement								
	Amount of Each Disbursement this Period							
Candidate Name		Category/						
Office Sought: House Disburser	nont For:	Туре						
Office Sought: House Disburser Senate	nent For:  Primary General							
President	Other (specify)							
State: District:								
SUBTOTAL of Disbursements This Page (optional)			550.00					
TOTAL This Period (last page this line number only)			550.00					